

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/016,869
	Filing Date	January 30, 1998
	First Named Inventor	David BEACH
	Art Unit	1644
	Examiner Name	I. I. Ouspenski
	Attorney Docket Number	0287000.00166US1

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 84834 Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: 84834**OR**

<input type="checkbox"/> Firm or Individual Name	
---	--

Address

City

Country

State

Zip

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		
Name		
Date	9/16/09	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 1 forms are submitted.